

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PHS</i>	<i>62812</i>	<i>9/23/60</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>9-28-60</i>
FORMALITY REVIEW	<i>DL</i>	<i>72346</i>	<i>11-3-60</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	0
6	✓
7	✓
8	0
9	0
10	✓
11	✓
12	0
13	0
14	0
15	=
16	=
17	=
18	=
19	=
20	=
21	✓
22	✓
23	✓
24	0
25	0
26	✓
27	✓
28	✓
29	✓
30	0
31	✓
32	0
33	✓
34	0
35	0
36	0
37	✓
38	0
39	✓
40	✓
41	✓
42	✓
43	0
44	✓
45	✓
46	0
47	0
48	0
49	0
50	0

Claim	Date
Final	
Original	
51	✓
52	✓
53	✓
54	✓
55	0
56	0
57	0
58	✓
59	✓
60	✓
61	0
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Claim	Date
Final	
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Best Available Copy

If more than 150 claims or 10 actions  
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